# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

by a dep	equest information received artment or accepted by the r on behalf of the state
Indexed	For office use only
Audited	
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Compute	er

DHS Glenwood Resource	Center		
Name of Department or Office 711 South Vine Street	Gle	enwood, IA 51534	2012
Mailing Address 712-525-1252	Cit	ty, State, Zip Code	20 313
Area Code & Telephone No.			ㅋ = =
ONTACT PERSON FOR REC	IPIENT DEPARTMENT OR OFFICI	Ē:	9 7/≡
			<b>3</b> □ ≥
Name			<b>Ö</b>
Mailing Address (if different from a	bove)	City, State, Zip (if different from above)	
Email Address		Area Code & Telephone Number (if diffe	erent from above)
OONOR OF GIFT OR BEQUES	Τ:		
Name	O-1 D: 4- TA 52402		
3425 Centerpoint Rd	Cedar Rapids, IA 52402	10/12/2012	\$200.00
Mailing Address	City, State, Zip Code		\$300.00
Area Code & Telephone Number		Date of Gift or Bequest  *value is defined as "fair market value" or receiving department or office. If no value	

	Provide a description of the gift or bequest and purpose thereof:
	TV, DVD/VHS player, CD player, assorted movies & music, clothing, misc for Client use
	Criteria to use this form:
Į	Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

### Statement of Affirmation:

Email Address (optional)

I,		affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and
а	ssessment of the fair market v	alue (if applicable) is correct and true to the best of my knowledge.

10/15/2012 Date

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10/15/2012

Date

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Gift or Bequest information received by a department or accepted by the Governor on behalf of the state
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DHS Glenwood Resource	e Center		
Name of Department or Office 711 South Vine Street	G	elenwood, IA 51534	volume de
Mailing Address 712-525-1252		City, State, Zip Code	
Area Code & Telephone No.		and the second of	
ONTACT PERSON FOR REC	CIPIENT DEPARTMENT OR OFFI	CE:	2
			्र <b>12</b> 0
Name			
Mailing Address (if different from	above)	City, State, Zip (if different from above)	- 19 ET HIS
Email Address		Area Code & Telephone Number (if different	from ar ve) 🖂 🗀
ONOR OF GIFT OR BEQUES	eT∙		<b>&amp;</b> :
	<u> </u>	<del></del>	<b>3</b>
Oswald & Ruth Jeck	C 06. 3865		000 No.
Name 6211 S 74th St	Omaha, NE 68127		
Mailing Address	City, State, Zip Code	10/12/2012 \$5	0.00
	ony, ottony mp oodo		Amount/Value*
Area Code & Telephone Number	- ***	Charles and Application (Application of Application (Application of Application o	
		*value is defined as "fair market value" of ite receiving department or office. If no value m	m as determined by nark "0.00".
Email Address (optional)			
Provide a description of the gift of			
W 48-200 M 48-200 M 48-200 M	20 00 000 000 000 000 000 000 000 000 0		
Rec'd from Grandparent	s, memorial funds for deceas	sed client, David Miller	
4 2 2 22	200		
Criteria to use this form:	10 SH-00		
Receipt of any gift or bequest that	at is received by any department of the	state or received by the Governor on behalf of the sta	ıte.
■ ************************************	- Series Properties - Series -	,	
atement of Affirmation:			
Ruth Messinger			

## 10WA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319

DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



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FORM-GB
Gift or Bequest information received by a department or accepted by the Governor on behalf of the state
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Computer

DHS Glenwood Resor	irce Center		20
Name of Department or Office 711 South Vine Street	Gle	nwood, IA 51534	2 OC
Mailing Address	to sometimes to the source of	City, State, Zip Code	
Area Code & Telephone No.	The state of the s		<b>9</b> (n
ONTACT PERSON FOR	RECIPIENT DEPARTMENT OR OFFIC	E:	<b>3</b> (0)
Name	13.300	A COMMONDO O	<del>"</del>
Mailing Address (if different fr	om above)	City, State, Zip (if different from	above)
Email Address		Area Code & Telephone Numbe	r (if different from above)
ONOR OF GIFT OR BEQ	UEST:		
Shirley Ring			
Name			
	Glenwood, IA 51534		
102 S. Hazel St		10/12/2012	\$120.00
	City, State, Zip Code		
	City, State, Zip Code	Date of Gift or Bequest	Amount/Value*
102 S. Hazel St Mailing Address Area Code & Telephone Num	Serie • Series programme Control • Series Series	Date of Gift or Bequest	value" of item as determined by

Provide a description of the gift or bequest and purpose thereof:	
Fifteen (15) Church luncheon tickets @ \$8.00 for Client use	
Criteria to use this form:	
Descript of any gift as begreat that is received by any description of the state associated by the Community of the	
Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the st	ate.

### Statement of Affirmation:

I, Ruth Messinger	_affirm that the gift or bequest reported above is accurate.	I further affirm that the information concerning the donor and
	value (if applicable) is correct and true to the best of my kn-	

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Luth		sung	ev_	10
Si	gnature			

10/15/2012

Date